

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2000

Page 21

TN: 00-03

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Supersedes: 99-06

6.d. Other practitioners' services. (continued)

F. **Phlebotomy and case management services** provided as a component of the Clozaril Patient Monitoring System are paid the lower of:

- (1) submitted charge; or
- (2) (a) for patient monitoring and venipuncture in recipient's home or a single patient site, ~~\$37.45~~ \$38.57;
- (b) for patient monitoring when patient monitoring and venipuncture are performed in recipient's home for more than one patient, ~~\$20.00~~ \$20.60; or
- (c) for patient monitoring performed in the physician's office, laboratory, clinic, or outpatient hospital, ~~\$20.00~~ \$20.60.

STATE: MINNESOTA
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ATTACHMENT 4.19-B
Page 22

6.d. Other practitioners' services. (continued)

- G. **Health maintenance organizations** are paid rates established by the State agency in consultation with an independent actuary and set by contract in accordance with 42 CFR §447.361.

STATE: MINNESOTA
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ATTACHMENT 4.19-B
Page 23

7. Home health services.

See items 7.a. through 7.d.

STATE: MINNESOTA

Effective: July 1, 1999

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ATTACHMENT 4.19-B

Page 24

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- 7.a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment is the lower of:

- 1) submitted charge; or
- 2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1, 1994, this payment rate is increased by three percent.

Procedure Code	July 1, 1997	July 1, 1998	<u>July 1, 1999</u>
X5284 Skilled Nurse Visit	\$52.79/visit	\$54.37/visit	<u>\$56.54/visit</u>

Immunizations and other injectables are paid using the same methodology as Item 2.a., Outpatient hospital services.

Home health agencies that administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

STATE: MINNESOTA

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ATTACHMENT 4.19-B

Page 25

7.b. Home health aide services provided by a home health agency.

Payment is the lower of:

- 1) submitted charge; or
- 2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1, 1994, this payment rate is increased by three percent.

Procedure Code	July 1, 1997	July 1, 1998	<u>July 1, 1999</u>
X5285 Home Health Aide Visit	\$40.50/visit	\$41.72/visit	<u>\$43.39/visit</u>

STATE: MINNESOTA
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ATTACHMENT 4.19-B
Page 26

7.c. Medical supplies, equipment, and appliances suitable for use in the home.

Hearing aids, eyeglasses and oxygen are purchased on a volume basis through competitive bidding.

Medical supplies and equipment that are not purchased on a volume basis are paid the lower of:

- (1) submitted charge;
- (2) Medicare fee schedule amount for medical supplies and equipment; or
- (3) if Medicare has not established a payment amount for the medical supply or equipment, an amount determined using one of the following methodologies:
 - (a) 50th percentile of the usual and customary charges submitted for the medical supply or equipment for the previous calendar year minus 20 percent;
 - (b) if no information about usual and customary charges exists for the previous calendar year, payment is based upon the manufacturer's suggested retail price minus 20 percent; or
 - (c) if no information exists about manufacturer's suggested retail price, payment is based on cost (wholesale) plus 20 percent.

Augmentative and alternative communication devices device manufacturers and vendors are paid the lower of:

- ~~(1) submitted charge;~~
- ~~(2) the manufacturers's suggested retail price minus 20 percent for devices represented by enrolled or local distributors; or~~
- ~~(3) manufacturer's suggested retail price for devices for which there are no enrolled or local distributors, plus 20%.~~

STATE: MINNESOTA
Effective: July 1, 1998
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ATTACHMENT 4.19-B
Page 26a

7.c. Medical supplies, equipment, and appliances suitable for use in the home. (continued)

Enteral products are paid the lower of:

- (1) submitted charge;
- (2) Medicare fee schedule amount for enteral products; or
- (3) if Medicare has not established a fee schedule amount, average wholesale price plus 26 percent.

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 1999

Page 27

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7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

For services provided by a **home health agency**, payment is the lower of:

- (1) submitted charge; or
- (2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in calendar year 1982.

Procedure Code	July 1, 1997	July 1, 1998	July 1, 1999
X5280 Physical Therapy Visit	\$49.51/visit	\$51.00/visit	<u>\$53.04/visit</u>
X5281 Speech Therapy Visit	\$50.27/visit	\$51.78/visit	<u>\$53.85/visit</u>
X5282 Occupational Therapy Visit	\$50.53/visit	\$52.05/visit	<u>\$54.13/visit</u>
X5283 Respiratory Therapy Visit	\$36.75/visit	\$37.85/visit	<u>\$39.36/visit</u>

Services provided by **rehabilitation agencies** are paid using the same methodology as item 5.a., Physicians' services, except that payments are increased by 38% for physical therapy, occupational therapy, and speech pathology services provided by an entity that:

- (1) is licensed under Minnesota Rules, parts 9570.2000 to 9570.3600 that operate residential programs and services for the physically handicapped;
- (2) is Medicare certified as a comprehensive outpatient rehabilitation facility as of January 1, 1993; and
- (3) for which at least 33% of the patients receiving rehabilitation services in the most recent calendar year are recipients of medical assistance, general assistance medical care, and MinnesotaCare.

STATE: MINNESOTA
Effective: July 1, 1999
TN: 99-09
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Supersedes: 98-20

ATTACHMENT 4.19-B
Page 28

8. Private duty nursing services.

Payment is the lower of the submitted charge; or the following:

Procedure Code	January 1, 1993	July 1, 1994	July 1, 1997	July 1, 1998	July 1, 1999
X5641 Independent Private Duty R.N.	\$3.71/unit	\$3.82/unit	\$4.01/unit	\$4.13/unit	<u>\$4.30/unit</u>
X5642 Independent Private Duty L.P.N.	\$2.78/unit	\$2.86/unit	\$3.00/unit	\$3.09/unit	<u>\$3.21/unit</u>
X5646 Private Duty R.N.	\$5.49/unit	\$5.65/unit	\$5.93/unit	\$6.11/unit	<u>\$6.35/unit</u>
X5647 Private Duty R.N. (for vent dependent recipient)	\$6.18/unit	\$6.37/unit	\$6.69/unit	\$6.89/unit	<u>\$7.17/unit</u>
X5648 Private Duty L.P.N.	\$4.20/unit	\$4.33/unit	\$4.55/unit	\$4.69/unit	<u>\$4.88/unit</u>
X5649 Private Duty L.P.N. (for vent dependent recipient)	\$4.89/unit	\$5.04/unit	\$5.29/unit	\$5.45/unit	<u>\$5.67/unit</u>

NOTE: 1 unit = 15 minutes

Shared care: For two recipients sharing care, payment is one and one-half times the payment for serving one recipient who is not ventilator dependent. This paragraph applies only to situations in which both recipients are present and received shared care on the date for which the service is billed.

STATE: MINNESOTA
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ATTACHMENT 4.19-B
Page 29

9. Clinic services.

Clinic services are paid using the same methodology as item 5.a., Physicians' services, except that dental services provided by clinics are paid using the same methodology as item 10, Dental services.

~~Effective July 1, 1993, item 5 becomes item 5.a.~~